

n05706

## Autonomic Nervous System Testing

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### *Values*

Accountability • Integrity • Service Excellence • Innovation • Collaboration

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#### **Abstract Purpose:**

The purpose of this policy is to provide guidance for Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC's (NHP/NHIC/NHAS) utilization management department in rendering medical necessity decisions related to the use of autonomic nervous system testing. NHIC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership. This policy applies to NHP/NHAS commercial lines of business.

#### **Policy Detail:**

Refer to the appropriate Certificate of Coverage, Evidence of Coverage, Summary Plan Description, or Individual and Family Policy to determine eligibility and coverage because employer group and government contracts may vary. Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services LLC follows Medicare's National/Local (Wisconsin area) Coverage Determinations for its Medicare Advantage membership.

- I. Description
  - A. NHP/NHIC/NHAS may consider some autonomic nervous system testing to be medically necessary, when the safety and effectiveness is supported through current peer-reviewed medical literature.
- II. Definitions
  - A. Sudomotor testing is a test used to evaluate and document neuropathic disturbances that maybe associated with pain.
    1. Sudomotor axon reflex test (QSART)
    2. Silastic sweat imprint (SSI)
    3. Thermoregulatory sweat test (TST)
    4. Sympathetic skin response (SSR)
  - B. Cardiovagal autonomic testing assesses parasympathetic function by measuring heart rate variability via electrocardiogram, to deep breathing, Valsalva maneuver, and standing. A decrease in heart rate shows a parasympathetic dysfunction.
  - C. Vasomotor adrenergic autonomic testing-is the primary test for members with syncope, orthostatic hypotension, postural tachycardia syndrome, and postural dizziness by evaluating sympathetic adrenergic function.
- III. Medical Indications
  - A. Cardiovagal, sudomotor (QSART,SSR,TST), and vasomotor adrenergic

autonomic testing are considered medically necessary by NHP/NHIC/NHAS for the following indications:

1. Distal small fiber neuropathy; **OR**
2. Postural orthostatic tachycardia syndrome; **OR**
3. Progressive autonomic neuropathies including but not limited to any of the following:
  - a. Amyloid neuropathy; **OR**
  - b. Diabetic neuropathy; **OR**
  - c. Idiopathic neuropathy; **OR**
  - d. Multiple system atrophy; **OR**
  - e. Pure autonomic failure; **OR**
  - f. Sjogren's neuropathy; **OR**
4. Recurrent unexplained syncope with documentation of inconclusive initial complete history and physical exam and electrocardiogram (ECG); **OR**
5. Reflex sympathetic dystrophy or complex regional pain syndrome (CRPS) (ex. Sympathetically maintained pain, causalgia); **OR**
6. To evaluate change in type, distribution or severity of autonomic deficits in members with autonomic failure, **OR**
7. To evaluate response to treatment in members with autonomic failure who demonstrate a change in clinical exam

IV. Limitations/Exclusions

- A. NHP/NHIC/NHAS considers autonomic testing for all other indications including but not limited to the following to be experiment and investigational.
  1. anxiety
  2. chronic fatigue syndrome/myalgic encephalomyelitis
  3. flushing syndromes
  4. hyperhidrosis generalized or palmoplantar
  5. irritable bowel syndrome
  6. myofascial pain syndrome/fibromyalgia
  7. concussion
  8. somatic symptoms disorder
  9. Raynaud phenomenon
  10. traumatic brachial plexus injury
  11. traumatic brain injury
  12. predicting foot ulcers
- B. NHP/NHIC/NHAS considers autonomic nerve testing using portable, automated devices to be experimental and investigational.
- C. NHP/NHIC/NHAS considers the following autonomic nervous system tests to be experimental and investigational:

TM-FLOW	EZSCAN
Quantitative direct and indirect reflex testing (QDIRT)	Quantitative pilomotor axon reflex test (QPART)
Ambulatory Autonomic nervous system monitors	Sudoscan
*this list may not be all inclusive.	

- D. Screening members without signs or symptoms of autonomic dysfunction, including those with diabetes, hepatic or renal disease is not considered to be medically necessary.
- E. Testing for the sole purpose of monitoring disease intensity or treatment

efficacy in diabetes, hepatic or renal disease is not considered to be medically necessary.

- F. Network Health follows CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) for application to its Medicare Advantage membership, when available.

V. References:

- A. American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM). Position Statement. Proper performance of autonomic function testing. <https://www.aanem.org>. Published August 2016. Updated December 2021.
- B. Local Coverage Article: Billing and Coding: Autonomic Function Testing (A57024)
- C. Local Coverage Determination (LCD) Autonomic Function Testing (L36236).
- D. Novak P. Quantitative autonomic testing. J Vis Exp. 2011 Jul 19;(53):2502. doi: 10.3791/2502. PMID: 21788940; PMCID: PMC3196175.

**Regulatory Citations:**

UM2

**Related Policies:**

None

**Related Documents:**

Medicare LCD L36236

CPT Codes:\*

(this is not an all-inclusive list)

95921	Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio and 30:15 ratio
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt
95923	Testing of autonomic nervous system function, sudomotor including 1 or more of the following: Quantitative sudomotor axon reflex test (QSART), Silastic sweat imprint, thermoregulatory sweat test, and changing in sympathetic skin potential
95924	Test of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt
95943	Simultaneous, independent quantitative measure of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change
*CPT codes are subject to change as codes are retired or new ones developed	

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy. Network Health coverage documents (i.e. Certificate of Coverage, Evidence of Coverage, Summary Plan Descriptions) outline contractual terms of the applicable benefit plan for each line of business and will be considered first in determining eligibility. Not all Network Health coverage documents are the same. Coverage may differ. Our Medicare membership follows applicable Centers for Medicare and Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD) and Local Coverage Determinations (LCD). Please refer to the CMS website at [www.cms.gov](http://www.cms.gov).

Network Health reserves the right to review and update our medical policies on occasion as medical technologies are constantly evolving. The documentation of any brand name of a test, product and/or procedure in a medical policy is in no way an endorsement of that product; it is for reference only. Network Health’s medical policies are for guidance and not intended to prevent the judgment of the reviewing medical director(s) nor dictate to health care providers how to practice medicine.

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<b>Revision Reason:</b> 08/19/2021 New Policy 08/18/2022 - Yearly review: grammatical and formatting changes, removed one reference as it was retired (approved by MPC 08/18/2022) Approved by Medical Policy Committee on 08/18/2022 09/21/2023 – yearly review, grammatical and formatting changes. Approved at Medical Policy Committee. 08/15/2024-annual review, grammatical and formatting changes. Updated references.		